

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10789303

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
2	/	/		/		
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20	/	/	/	/		
21		4		3		
22		5		3		
23		5		3		
24		5		3		
25		5		3		
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TOTAL IND.	6		4			
TOTAL DEP.	61		62			
TOTAL CLAIMS	67		56			

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